

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		<i>Attorney Docket No.</i> 03500.017465
		<i>First Named Inventor or Application Identifier</i> TAKESHI IKEDA
		<i>Express Mail Label No.</i>

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

2. Applicant claims small entity status.
See 37 CFR 1.27.

3. Specification Total Pages **37**

4. Drawing(s) (35 USC 113) Total Sheets **9**

5. Oath or Declaration Total Pages **1**

a. Newly executed (original or copy)

b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

i. **DELETION OF INVENTOR(S)**
Signed Statement attached deleting
inventor(s) named in the prior application, see
37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. CD-ROM or CD-R (2 copies); or

ii. paper

c. Statements verifying identity of above copies

21909 U.S. PTO
10/632958
08/04/03

ACCOMPANYING APPLICATION PARTS		
9. <input checked="" type="checkbox"/>	Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/>	English Translation Document (if applicable)	
12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/>	Preliminary Amendment	
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/>	Other: _____	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Prior application information: Continuation Divisional Continuation-in-part (CIP)
Examiner _____ of prior application No. _____ / _____
Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below
NAME _____			
Address _____			
City _____	State _____	Zip Code _____	
Country _____	Telephone _____	Fax _____	

+

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	18-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	14-3 =	11	X \$ 84.00 =	\$924.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
				Total of above Calculations =	\$1674.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$1674.00

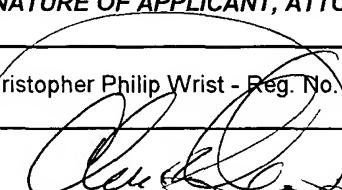
19. Small entity status

- a. A small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

20. A check in the amount of \$ 1674.00 to cover the filing fee is enclosed.21. A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Christopher Philip Wrist - Reg. No. 32,078
SIGNATURE	
DATE	August 4, 2003